



10 JUL -1 A8:52  
**Water Resources Program**  
**Application for a Water Right Permit**

For Ecology Use  
(Date Stamp)

RECEIVED

JUL 06 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

☐ SURFACE WATER ☒ GROUND WATER ☐ PERMANENT

☒ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

**Section 1. APPLICANT**

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| Applicant/Business Name:<br><u>CRESTLINE CONSTRUCTION CO. LLC</u>      | Phone No:<br><u>541-506-4000</u> | Other No: <u>FAX 541-506-4001</u> |
| Address:<br><u>3775 CRATES WAY</u>                                     |                                  |                                   |
| City:<br><u>THE DALLES</u>   | State:<br><u>OREGON</u>          | Zip:<br><u>97058-3559</u>         |
| Email Address (optional):<br><u>ERIC @ CRESTLINE CONSTRUCTION. COM</u> |                                  |                                   |

|  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| Contact Name (if different from above):<br><u>ERIK KERR</u>            | Phone No:<br><u>541-506-4000</u> | Other No: <u>CELL 541-993-7722</u> |
| Relationship to Applicant:<br><u>PROJECT MANAGER</u>                   |                                  |                                    |
| Address:<br><u>3775 CRATES WAY</u>                                     |                                  |                                    |
| City:<br><u>THE DALLES</u>   | State:<br><u>OREGON</u>          | Zip:<br><u>97058</u>               |
| Email Address (optional):<br><u>ERIC @ CRESTLINE CONSTRUCTION. COM</u> |                                  |                                    |

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use:<br><u>DON SLATER</u> | Phone No:<br><u>509-896-5101</u> | Other No:                 |
| Address:<br><u>PO BOX 167</u>  |                                  |                           |
| City:<br><u>BICKLETON</u>  | State:<br><u>WASHINGTON</u>      | Zip:<br><u>99322-0167</u> |
| Email Address (optional):  |                                  |                           |

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: WATER WILL BE USED FOR MOISTURE CONDITIONING OF ROADWAYS TO MITIGATE DUST AND SOIL EROSION

Anticipated length of time to complete your project: 30 MONTHS

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use            | Rate (check one box only)                            |  | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|------------------------------|--|--|---------------------------------------|--|
|                              | <input type="checkbox"/> Cubic Feet per Second (CFS) | <input checked="" type="checkbox"/> Gallons per Minute (GPM) |                                       |  |
| <u>MOISTURE CONDITIONING</u> |  | <u>215</u>   |                                       |  |
|                              |  |  |                                       |  |
|                              |  |  |                                       |  |
|                              |  |  |                                       |  |
| <b>TOTAL:</b>                |  | <u>15,000,000</u>  |                                       |  |

|                     |                                 |  |
|---------------------|---------------------------------|--|
| For Ecology Use     | APPLICATION NO: <u>G4-35321</u> | SEPA: Exempt/Not Exempt  |
|                     | Fee Paid: <u>\$50.00</u>        | Check No: _____ ECY Coding: 001-001-WR1-0285-000011              |
| Date Returned _____ | By _____                        | Priority Date <u>7-6-2010</u> By _____ WRIA: <u>31 Klickitat</u> |



Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☒ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 07 / 01 / 2010 TO: 12 / 30 / 2012

Section 3. POINT OF DIVERSION OR WITHDRAWAL  
(Complete A or B, and C below)

|   |          |    |             |   |       |           |  |
|---|----------|----|-------------|---|-------|-----------|--|
| <b>A.) If Surface Water Source</b>  |          |    |             | <b>B.) If Ground Water Source</b>   |       |           |  |
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake<br><input type="checkbox"/> Other: N/A  |          |    |             | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____                 |       |           |  |
| Source Name: N/A  |          |    |             | Well diameter & depth: 12" DIA. 257' DEEP   |       |           |  |
| Tributary to: N/A   |          |    |             | Number of proposed points of withdrawal: 1  |       |           |  |
| Number of proposed diversion points: N/A  |          |    |             | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |       |           |  |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO   |          |    |             | If available, attach Water Well Report and pump test.<br>Well Tag ID No. _____                    |       |           |  |
| <b>C.) Point of Diversion/Withdrawal – Legal Description</b>  |          |    |             |   |       |           |  |
| Parcel No.  | ¼        | ¼  | Section     | Township  | Range | County    |  |
| 042003000003 00   | NE       | SW | 3           | 4N  | 20E   | KLICKITAT |  |
| Lot(s)  | Block(s) |    | Subdivision |   |       |           |  |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:<br>_____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)<br>from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section _____. |          |    |             |   |       |           |  |
| Parcel No.  | ¼        | ¼  | Section     | Township  | Range | County    |  |
|   |          |    |             |   |       |           |  |
| Lot(s)  | Block(s) |    | Subdivision |   |       |           |  |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:<br>_____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)<br>from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section _____. |          |    |             |   |       |           |  |

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: DON SLATER, PO BOX 167  
BUCKLETON, WASHINGTON 99322-0167

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

|                  |   |         |      |       |        |            |
|------------------|---|---------|------|-------|--------|------------|
| SEE ATTACHED MAP |   |         |      |       |        |            |
|                  |   |         |      |       |        |            |
|                  |   |         |      |       |        |            |
|                  |   |         |      |       |        |            |
| ¼                | ¼ | Section | Twp. | Range | County | Parcel No. |
|                  |   |         |      |       |        |            |

|                     |                       |                     |                                     |             |
|---------------------|-----------------------|---------------------|-------------------------------------|-------------|
| For Ecology Use     | APPLICATION NO: _____ |                     | SEPA: Exempt/Not Exempt             |             |
|                     | Fee Paid: _____       | Check No: _____     | ECY Coding: 001-001-WR1-0285-000011 |             |
| Date Returned _____ | By _____              | Priority Date _____ | By _____                            | WRIA: _____ |



Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: JAMES AND BEATRICE MILLER  
405 S CHATFIELD AVE, GOLDENDALE, WASHINGTON 98620-9283

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: G-3-00654C, G3-00896C,  
G4-35276

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): CRESTLINE PROPOSES TO USE EXISTING WELL, PUMP,  
AND POND IN CONJUNCTION WITH A CONVEYANCE PIPELINE  
(6" HDPE) LAYED OVER THE GROUND APPROXIMATELY  
4700 LINEAL FEET SOUTH OF THE EXISTING POND  
TO THE JAMES MILLER PROPERTY. THERE WILL BE  
NO IMPACTS TO PUBLIC ROADWAY ALL TRUCK HAULING  
WILL TAKE PLACE ON PRIVATE MILLER RANCH PROPERTY.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

| A.) Domestic Water Systems only   | B.) Municipal Water Systems only<br>(defined under RCW 90.03.015)           |
|---|---|
| Projected number of connections to be served:<br><u>N/A</u>   | Present population to be served water:<br><u>N/A</u>                        |
| Type of connections: <u>N/A</u><br>(e.g., home, recreational cabin)   | Estimate future population to be served:<br><u>N/A</u> (20 year projection) |
| <b>C.) Water System Planning</b>  |   |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |
| If yes, date plan was approved ____/____/____ Water System Number: <u>N/A</u>   |   |
| Name of water system: <u>N/A</u>  |   |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |
| If yes, explain why you are unable to connect to the system: <u>N/A</u>   |   |
|   |   |
|   |   |
|   |   |
|   |   |

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = N/A ACRES

NOTE: Outline the area to be irrigated on your attached map.



### Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm? ☐ YES ☒ NO

### Other Proposed Farm Uses

Describe all proposed uses: MOISTURE CONDITIONING FOR DUST  
ABATEMENT

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: N/A

## **Section 8. OTHER WATER USES**

### Hydropower

Indicate total feet of head N/A and proposed capacity in kilowatts: N/A

Describe works: N/A

Indicate all uses to which power is to be applied: N/A

FERC License No: N/A

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: N/A

### Other Use

MOISTURE CONDITIONING ROADWAYS FOR DUST  
ABATEMENT DURING CONSTRUCTION

## **Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: CRESTLINE WILL UTILIZE  
EXISTING INFRASTRUCTURE IN CONJUNCTION WITH NEW  
CONVEYANCE TO LOAD WATER TRUCKS FOR DISTRIBUTION ON SITE

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.



## Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: FROM BICKLETON HEAD WEST ON BICKLETON HWY TO DOT ROAD. SOUTH ON DOT RD. TO INTERSECTION OF SCHRAZ RD. APPROX 2000 LF SOUTH OF SCHRAZ ACCESS HEADS EAST OFF DOT RD.

Site Address: SEE ATTACHED MAP

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

ERIK KERR

Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

6-29-2010  
Date

Donald W Slater

Print Name  
(Legal Owner or Part Owner Place of Use)

[Signature]  
Signature

6-29-2010  
Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

|  |  |   |
|--|--|---|
| <b>*Submit your application to:</b><br><br>DEPARTMENT OF ECOLOGY<br>CASHIERING SECTION<br>PO BOX 47611<br>OLYMPIA, WA 98504-7611 | <input checked="" type="checkbox"/> <b>Central Regional Office</b><br>15 W Yakima Avenue, Suite 200<br>Yakima, WA 98902<br>(509) 575-2490    | <input type="checkbox"/> <b>Eastern Regional Office</b><br>4601 N. Monroe<br>Spokane, WA 99205-1295<br>(509) 329-3400 |
|  | <input type="checkbox"/> <b>Northwest Regional Office</b><br>3190 - 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> <b>Southwest Regional Office</b><br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6300 |

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

